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To: **Examiner M. Milia**
Group Art Unit 2625, USPTO

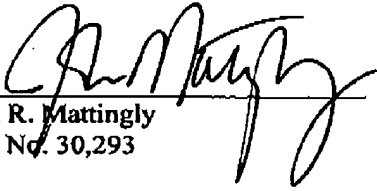
From: **Mr. John R. Mattingly**
MATTINGLY & MALUR, P.C.

Re: **USSN 09/888,541**
Attorney Docket No.: KYO-100

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

**Transmittal; and
Amendment After Decision by the
Board of Patent Appeals and Interferences.**


John R. Mattingly
Reg. No. 30,293

April 9, 2009
Date

Total Number of Pages (including cover sheet): 3

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Form PTO-1083

Patent

In RE application of M. NAKAMAKI et al

Case Docket No. KYO-100

Serial No.: 09/888,541

Group Art Unit: 2625

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For: PRINTER, PRINTER CONTROL METHOD, PROGRAM THEREFOR,
AND RECORDING MEDIUM STORING THE PROGRAM Examiner: M. MiliaCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

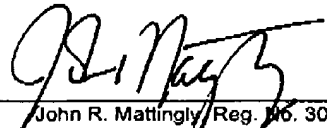
The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee		Rate	Additional Fee
Total	Minus **	=	X 25	\$		X 50	\$
Indep.	Minus ***	=	X 100	\$		X 200	\$
			X 180	\$		X 360	\$
			Total	\$		Total	\$

☐ First presentation of Multiple Dependent Claims

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$_____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: April 9, 2009